

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

CLERK
U.S. BANKRUPTCY
EASTERN DISTRICT OF
NEW YORK

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In re:

2019 AUG 13 P 12:42

DOWLING COLLEGE f/d/b/a DOWLING
INSTITUTE f/d/b/a DOWLING COLLEGE
ALUMNI ASSOCIATION f/d/b/a CECOM
a/k/a DOWLING COLLEGE, INC.

Chapter **RECEIVED**

Case No. 16-75545 (REG)

Post-Confirmation Debtor.
-----X

OPPOSITION TO OBJECTION TO CLAIMS

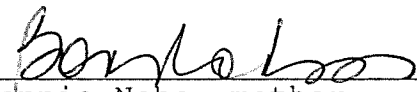
Claim #9 \$15,000 - Bonnie Nohs for Michelle T. Nohs
Claim #53 \$500 - Deanna Ocampo for Michelle T. Nohs


1. On October 10, 2008, Michelle Therese Nohs, passed away from a heart attack. Michelle is the daughter of Bonnie Nohs and the sister of Deanna Ocampo.
2. At that time, she was attending Dowling College and had secured enough credits to receive her Bachelor of Science Degree posthumously in May of 2009.
3. Michelle was a financially struggling returning adult student.
4. Together her family set up a scholarship account in her name, the Michele T. Nohs Scholarship, which was listed in the college catalog as a scholarship for chemistry students seeking to become teachers.
5. This scholarship was to be awarded to future similarly situated science students and it is my understanding that only one scholarship had been awarded and that only interest had been used.
6. Before Dowling closed its doors, I went to the campus on several occasions in an attempt to get the scholarship monies returned. No one that I spoke with was able to help me or to give me any information. And unfortunately I do not have the names of the persons I spoke with, but I was in the President's Office and spoke with the President and anyone I could find.
7. On December 9, 2019 I filed a Proof of Claim for

\$15,000.00¹; and on January 10, 2017, Deanna Ocampo filed a Proof of Claim for \$500.00².

8. There are very specific rules for endowments that non-profit institutions-like Dowling-need to follow. (See Financial Accounting Standards Board's website at FASB.org for rules for endowment funds).
9. Copies of our Proof of Claim were forwarded to the Committee of Unsecured Creditors in the hopes that this money would be set aside and returned to Michelle's family.
10. Therefore, it is requested that the balance remaining in her scholarship account be returned to her family so that we may set up another scholarship in her name.


Respectfully submitted,


Bonnie Nohs, mother
53 Astor Court
Commack, NY 11725


Deanna Ocampo
78 Cullen Avenue
Islip, NY 11751

State of New York}
:ss
County of Suffolk}

Sworn to before me this
13th day of August, 2019.


Notary Public

VALERIE J. COHEN
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01CO4997886
QUALIFIED IN SUFFOLK COUNTY
COMMISSION EXPIRES: JUNE 15, 2022

¹ I have filed for \$15,000 as I do not know the exact amount in her Scholarship Account at this time. Two checks were deposited-one for approximately \$12,000+/- and one for \$500.00. Only one scholarship was awarded, the account has been open since the fall of 2009, and interest will have accumulated.

² A copy of each Claim of Form with time stamp is attached.

Fill in this information to identify the case:

Debtor 1 Dowling College

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: E.D. District of N.Y.

Case number 16-75545-REG

RECEIVED
2016 DEC -9 A 9:39
CLERK
U.S. BANKRUPTCY
DISTRICT OF
NEW YORK

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Bonnie Nohs for Michelle T. Nohs (deceased)
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Bonnie Nohs

Name

150 OAK ST.

Number Street

COPIAGUE NY 11726

City State ZIP Code

Contact phone 516-448-2116

Contact email bnohs@verizon.net

Name

Number Street

City State ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 14,000 - 15,000 approx. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.

Money in a scholarship fund in the name of Michelle T. Nohs

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:

- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

- ☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/09/2016
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

Bonnie

L

Nohs

First name

Middle name

Last name

Title

(mother of deceased)

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

150 OAK ST.

Number Street

COPIAQUE

City

NY

State

11726

ZIP Code

Contact phone

516-448-2116

Email

bnohs@verizon.net

Fill in this information to identify the case:

Debtor 1 Dowling College

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the E.D. District of N.Y.

Case number 16-75545-REG

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NEW YORK

7017 JAN 10 A 11

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Part 1: Identify the Claim

1. Who is the current creditor?

Deanna Ocampo for Michelle T. Nohs (deceased)
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Deanna Nohs

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Deanna Ocampo

Name

78 Cullen Ave

Number Street

Islip

City

NY

State

11751

ZIP Code

Contact phone 631 805 1399

Contact email docampo@bellmore-merrick.k12.ny.us

Where should payments to the creditor be sent? (if different)

- Same -

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 500.00 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.

money in a scholarship fund in the name of Michelle T. Nohs

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☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
 Value of property: \$ _____
 Amount of the claim that is secured: \$ _____
 Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Annual Interest Rate (when case was filed) _____ %

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☐ Variable

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☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/07/2017
MM / DD / YYYY

Deanna Ocampo
Signature

Print the name of the person who is completing and signing this claim:

Name Deanna Lynn Ocampo
First name Middle name Last name

Title (Sister of deceased)

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 78 Cullen Ave
Number Street

Islip NY 11751
City State ZIP Code

Contact phone 631 805 1399 Email docampo@bellmore-meriden-ny.us